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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: One of the curious vagaries of the human mind is the frequency under circumstances of great gravity or excitement that it is attracted by what appears to be a relatively unimportant thing.

If Robert Burns had been minding the sermon, we would not have enjoyed,—

“ Oh, wad some power the giftie gie us
To see oursels as ithers see us.”

Apropos of this well-known fact I must confess that over and above all the serious subjects brought up for consideration at the International Congress in Buffalo, an incidental remark made by Miss Isla Stewart, one of our English delegates, has persisted in giving me more to think about than any other one thing. Miss Stewart in discussing St. Bartholomew's League made the remark that “ American nurses were so much taken up with work to the exclusion of play.” Miss Stewart may have expressed herself somewhat differently, but that was her idea as I understood it. I hastened at that time to assure our visitor that we did relax sometimes, but thinking it over quietly since I am convinced Miss Stewart was right, and that we do take ourselves too seriously.

The eager, over-anxious faces seen among us, both in private and hospital nurses, seem a fairly good indication of the truth of it; the numbers of nurses who must needs have long leaves of absence for change of climate and rest still further prove it, and the numbers of nurses who are saying to one another “ What can we do if we must give up nursing?” would seem to establish the fact that the nurse as well as Jack is made dull by “ all work and no play.”

I have been guilty of driving an immense amount of work through my own Alumnae Society in the days when I was one of its officers, and yet our society has always had its social side and spent a lot of time in good, soulful visiting, but I confess that when I see some of the programmes of ambitious young organizations I am appalled at the gravity and enormity of the work laid out for a year, unrelieved by even so mild a dissipation as an afternoon tea or a kaffee klatch, and I feel very strongly that they are making a serious mistake in leaving out provision for rational amusement and social intercourse. I am making no plea for that odious creature, the silly, overdressed nurse striving to be thought a worldly society woman,—she ought to be obliterated,—but for the great number of excellent women who drift into a colorless existence without enthusiasms or any interests outside their work.

If either private or hospital nurses could command the home life which is available for doctors and teachers, they might devote all their spare time to improving their minds. Going back to our pupil-nurse days, was not the “ spread” simply an instinctive expression of our craving for social life? It has long been my opinion that the young women who have had the right kind

of social training at home make the most satisfactory nurses, and I have a tremendous interrogation-point in my mind when I am done reading some of the ponderous programmes we have devised for our own punishment.

I hope you do not mind my saying that I think we have neglected our JOURNAL in that one point. We have been so absorbed in its serious side that we have lost sight of chances for improving our spirits as well as our work.

It seems to me in the light of our long experiences we might put up an occasional guide-post to happier lives for the coming generations of nurses. We all know that the humorous side of our work has very often carried us over its most difficult spots. As Robert Louis Stevenson so well expressed it, "A sense of humor will often carry a woman through when religion fails." I expect several good ladies will wish to take me to task for this outbreak of frivolity, but if it adds to the gayety of the occasion, let us have their objections by all means.

ISABEL MCISAAC.

DEAR EDITOR: When we consider the large number of people suffering from mental diseases, it is manifest that in order to effect a cure or any alleviation of their sad condition they must be cared for by those trained for the work. This fact has long been recognized, therefore training-schools have been established in our large institutions for the insane with a view to making the nurse assist the doctor in a more intelligent manner. Yet a nurse who has trained for that work is not looked upon by nurses otherwise trained as a graduate nurse, although she has been taught from the same text-books and passed the same examinations. Her sister nurse, who, may be, has been trained in a small child's hospital of say twenty or thirty beds, will look upon a mental nurse as "not a graduate, only trained in an insane institution." If a mental nurse wishes to enter a well-conducted hospital for a post-graduate course, she will be told that her diploma cannot be accepted. Why do nurses take post-graduate courses? Because they feel the necessity of doing so and need the knowledge gained by so doing; they may have graduated years ago and must keep up with the times, or their training, if recent, may have lacked some particular branch of nursing. Now a mental nurse has been trained in her particular branch and also feels a need of taking a course in another branch. Why this demarcation?

Then mental nurses are told that they have not had experience in "physical diseases." Insane people are sick and have to be cared for the same as the sane.

A nurse from a child's hospital has had no experience with adults, one from a gynæcological hospital is confined to the one set of operations, etc., etc. This is an age of specializing. Now, instead of sitting at home and accepting this professional obliteration, I believe in trying to remedy it. In State organization mental nurses must not be passive. They constitute a large number and they must demand the same privileges with other nurses. They must make the difference known between the trained nurses for the insane and the attendants for the insane. To the majority of people the terms are synonymous, which is most unfortunate.

First, I would place all training-schools in our large institutions for the insane in the hands of a graduate of a large general hospital, and have the training on exactly the same footing, or have a woman who has had training in both if possible. The whole thing lies in the head, as everyone knows. I would not appoint a person merely because of her long service in the institution; she might have been in the institution for years in a subordinate position and be

utterly unfitted for the head of a training-school, and a stranger is more apt to maintain good discipline.

Second, those in training should take three- or six-months' training in other hospitals, say three in obstetrical work and three in general, which would include operative cases.

Third, the superintendent of nurses should have separate rooms and eat apart from the other nurses.

Fourth, all pupil nurses should be changed every month, as they do in other hospitals, thereby making them come in contact with all kinds of mental conditions and also with the sick, instead of leaving them on the same ward for months.

No nurse should be allowed on the streets in her uniform, as, unfortunately, is done in some places, as it looks very undignified. This, of course, does not apply to any special hospital, but to all. They should have at least a good common-school education; later women of higher education will take up the work.

I am sure superintendents of insane institutions will be only too glad to help their nurses by making arrangements with other hospitals to give them experience in all branches of nursing. They might exchange nurses, benefiting both sides.

The Boston Insane Hospital is offering a post-graduate course to nurses. This is a step in the right direction; we want reciprocity in our domestic affairs as well as in our national.

Insane institutions are doing good work, and when one considers the way their work is looked upon by some people in these so-called enlightened times, it savors of former ages, when the insane were looked upon as possessed. Let us be progressive and help one another. Insanity is a disease, and as curable as tuberculosis and all other allied diseases. It needs intelligence, education, tact, and all the qualities that go to make a good nurse.

A mental nurse from her training is well adapted to tolerate and understand abnormal mental conditions in all classes of patients. Let us hope to see the time when a knowledge of insanity will be a part of all graduate nurses' training, and when facilities will be offered to mental nurses in other branches of nursing.

FLEUR-DE-LIS.

DEAR EDITOR: I have been interested in the articles on life insurance and savings-banks, and would like to make the point that neither can claim to be best, in itself, but according to circumstances one may be the best thing for one nurse and the other for someone else. A nurse who has definite claims upon her or who wishes a perfectly certain investment had much better take the insurance company, as your correspondents have well brought out its qualities of protection and security.

But a nurse who has no one dependent on her, and who perhaps has some little resource, or whose family can take care of her in illness, can, I think, do better from a financial stand-point with the savings-bank. In a few good years of steady work she may save a thousand dollars (remembering the compound interest which her money draws), and she can then invest this in first mortgage or some other safe way for five per cent., and can proceed to save as before. I firmly advocate cultivating the savings-bank habit. It has so much flexibility. One can drop all sorts of small sums into the savings-bank, and this is an easy way to collect the annual payment to the insurance company. As we learn about the interest that accrues, we are not at all willing to withdraw from the savings-bank for trivial reasons, and, on the other hand, if any sudden emergency does

come and we find it all but impossible to save money for a few months, it is a great ease of mind to know that it may wait. I have known nurses almost distracted with anxiety over insurance and coöperative societies' payments falling due, which had to be met, no matter what happened. However, I am a firm believer in insurance.

A. B. C.

DEAR EDITOR: Last summer I paid a visit to the Edith Home on Belle Island, and I enjoyed it so much that I should like my sisters in the profession to know of it.

The house—an old-fashioned cottage painted red—occupies a corner of the island and stands among many trees. Established in one of the comfortable hammocks on the veranda, one ought to be quite happy, for one can enjoy not only the fine view of the Sound, but the soft zephyrs from it. One also has the choice of being *on* the water or *in* it—and the bathing is very good. The trolley comes conveniently near, though not obtrusively so, and a trolley-ride to Stamford or Norwalk in the torrid weather is delightfully cooling. The location combines the comforts of civilization with the pleasures of a seaside resort, and to my mind it is a most attractive place in which to rest for a couple of weeks; one need not even “dream” of patients and doctors.

All these attractions are possible for the sum of four good American dollars per week, and should you wish to take advantage of all the Edith Home offers, write to the superintendent of nurses, 426 East Twenty-sixth Street, New York City.

ANNIE RHODES.

DEAR EDITOR: In my obstetrical work I have found “Ley's Nipple Wash” of great assistance. It relieves the natural tenderness of a woman's nipples when her baby is first put to the breast, and it has cured fissures and raw nipples when other remedies have failed.

It is proprietary remedy, but harmless, and the physicians I have nursed for have not objected to its use. It is certainly a great boon to nursing mothers, many of whom lose the comfort of nursing their babies through the suffering it involves.

I would advise its use night and morning for a month before confinement, and as long afterwards as found necessary.

A. A. A.

DEAR EDITOR: The conditions described in the article on “Nursing Progress in Japan” would, if the same lines were followed here, eliminate the broken-down nurse and her needs from consideration. We pride ourselves in this country upon being progressive, yet we are compelled to work from twenty to twenty-two hours out of the twenty-four, or to stand alone in our request for proper relief, as, I am grieved to say, in my six-years' experience as a private nurse I have found that the physician is rare who will render aid unless in doing it he forwards his own interests. There is something radically wrong in a civilized system that breaks nurses down in health in an average of ten years, and this is especially unjust to a class of workers whose lives are spent in the alleviation of suffering in others. We should follow Japan's lead, with shorter hours, and a regular time for rest.

A SUBSCRIBER.

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